

<b>Case Number:</b>	CM14-0031735		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/20/2004
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male with a reported date of injury on 07/20/2004. The mechanism of injury was noted to be due to a forklift accident. His diagnoses were noted to include, lumbosacral spondylosis without myelopathy and lumbar disc displacement without myelopathy. His previous treatments were noted to include physical therapy, chiropractic care, and medications. The progress note dated 05/07/2014, revealed the injured worker complained of pain rated 7/10. The provider indicated the injured worker's examination was unchanged from the previous visit. His medication regime was noted to include Flexeril 10 mg, 1, 3 times a day, gabapentin 800 mg, 1, twice a day, metaxalone 800 mg, 1, 3 times a day, Norco 10/325 mg, 1 every 6 hours. The progress note dated 06/02/2014, revealed the injured worker complained of pain rated 7/10. The injured worker's physical examination was unchanged from the previous visit. The Request for Authorization dated 06/02/2014 was for a medication refill of Norco 10/325 mg, 1 every 6 hours, quantity 120, however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg, #120 is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. According to The California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications maybe supported with a detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, include Analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is lack of documentation regarding evidence of decreased pain on a numerical scale with and without medications. There is not enough documentation regarding improved functional status such as with activities of daily living. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to not providing enough evidence regarding significant pain relief, increased function, side effects, and without details regarding urine drug testing to provide appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request did not provide frequency in which this medication is to be utilized. Therefore, the request is not medically necessary.